

## MINTZ LEVIN

Peter F. Snell | 212 692 6850 | psnell@mintz.com

RECEIVED  
CENTRAL FAX CENTER

AUG 27 2008

Chrysler Center  
666 Third Avenue  
New York, NY 10017  
212-935-3000  
212-983-3115 fax  
www.mintz.com

## fax transmittal

## FROM:

**Name** Peter F. Snell  
**Date** August 27, 2008  
**# of Pages** 3

Client Name	Client No.	Matter No.	Atty No.
Arkados, Inc.	34585	503-059	3242

## To:

Name	Company	Business#	Fax #
Brent Swarthout / Examiner	U.S.P.T.O.	571-272-1000	571-273-8300

## Comments:

We respectfully submit Form PTO/SB/83 for the following:

APPLICANT(S) : Oleg Logvinov, et al.

CONFIRMATION 7166  
No.:SERIAL 10/645,237 (USP 7,106,177)  
NUMBER :

EXAMINER : Brent Swarthout

FILING DATE : August 21, 2003

ART UNIT : 2636

FOR : METHOD AND SYSTEM FOR MODIFYING MODULATION OF  
POWER LINE COMMUNICATIONS SIGNALS FOR MAXIMIZING  
DATA THROUGHPUT RATE

Please call us at 212-935-3000 if you experience any problems.

## STATEMENT OF CONFIDENTIALITY

The information contained in this fax is intended for the exclusive use of the addressee and may contain confidential or privileged information. If you are not the intended recipient, you are hereby notified that any form or dissemination of this communication is strictly prohibited. If this fax was sent in error, please immediately notify us by phone.

Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.

BOSTON | WASHINGTON | NEW YORK | STAMFORD | LOS ANGELES | PALO ALTO | SAN DIEGO | LONDON

RECEIVED  
CENTRAL FAX CENTER  
AUG 27 2008

Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SB83)

PTO/SB/83 (04-08)

Approved for use through 12/31/2008. OMB 0651-0035  
U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/645,237 (USP 7,106,177)
Filing Date	August 21, 2003
First Named Inventor	Oleg Logvinov
Art Unit	2636
Examiner Name	Brent Swarthout
Attorney Docket Number	34585-503-059

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 35437

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)                | <input type="checkbox"/> 10.40(b)(3)                       | <input type="checkbox"/> 10.40(b)(4)     |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii)            | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input checked="" type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)     |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)                | <input type="checkbox"/> 10.40(c)(6) Please explain below: |  |

**Certifications**

Check each box below that is factually correct. **WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

The client has instructed Mintz Levin to retain the file until after the Patent Office approves this Request for Withdrawal.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-6199 and select option 2.

RECEIVED 003/003  
CENTRAL FAX CENTER  
AUG 27 2008

PTO/SB/83 (04-08)

Approved for use through 12/31/2008. OMB 0851-0035  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

OR

B. ☒ Inventor or  
Assignee name Arkados, Inc. (assignee)

Address 220 Old New Brunswick Road, Suite 202

City Piscataway State NJ Zip 08854 Country USA

Telephone (732) 465-9300 Email jallen@arkados.com

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature

Name

Peter F. Spell

Registration No. 52,235

Address 666 Third Avenue c/o Mintz Levin, et al., 24th Floor

City New York State NY Zip 10037 Country USA

Date 8/27/08 Telephone No. 212-935-3000

NOTE: Withdrawal is effective when approved rather than when received.

[Page 2 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.